



**Disclosure and Consent to Request Consumer Report Information**

I hereby authorize and release without reservation, my work-site employer to procure a consumer report and/or investigative consumer report for employment and/or evaluation purposes, to investigate all statements I have made in connection with my application for employment and to obtain any transcripts, records or documents pertaining to my background, education and/or prior employment. I further authorize any party or agency contacted by this employer or a consumer reporting agency to furnish the above-mentioned information.

I understand that this authorization shall remain on file and shall serve as a continuing authorization for my work-site employer to procure consumer reports and/or investigative consumer reports for employment purposes at any time during my employment at my work-site employer.

I acknowledge that any false statements made by me in connection with my application for employment shall be cause for the denial of that application and/or the termination of my employment and that any offer of employment

and/or my continued employment shall be contingent upon the results of such reports and/or investigations.

I understand that I have the right to make a request of the Consumer Reporting Agency (CRA), upon proper identification and the payment of any authorized fees (if applicable), for the information in its files on me at the time of my request. I acknowledge receipt of a written Summary of Rights under the Fair Credit Reporting Act (FCRA).

Please provide the requested information and sign and date this form in the spaces provided below and retain a copy for your files. *Copies of applicants Drivers License and Social Security card are requested prior to processing this request. PLEASE WRITE LEGIBLY*

Company Name \_\_\_\_\_

Print your name \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Male or Female \_\_\_\_\_

Drivers License State \_\_\_\_\_ License Number \_\_\_\_\_

Previous Address \_\_\_\_\_

Previous Drivers License State \_\_\_\_\_ License Number \_\_\_\_\_

Job Title \_\_\_\_\_

Employer or Contractor \_\_\_\_\_

Date of Birth \_\_\_\_\_

Other or Former Names \_\_\_\_\_

(Two names run will lead to additional charges.)

Professional License \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE